PTO/SB/01 (08-03)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

OR

Declaration

Submitted

With Initial

Filing

Pillar 716 First Named Inventor Michael Lee Workman COMPLETE IF KNOWN **Application Number** 10/677,560 Filing Date Declaration October 1, 2003 Submitted after Initial Art Unit 2186 Filing (surcharge (37 CFR 1.16 (e)) **Examiner Name** Unknown required)

Attorney Docket Number

I hereby declare that:							
Each inventor's residence, mailing	address, a	and citizenship are a	s stated b	elow next to	their name.		
I believe the inventor(s) named be			nventor(s)) of the subje	ct matter wh	ich is claim	ed and for
which a patent is sought on the invention entitled: Systems and Methods of Multiple Access Paths to Single Ported Storage Devices							
		(Title of the la	nvention)				
the specification of which		(7.00 07 010 1.					
is attached hereto							
OR							
was filed on (MM/DD/YYYY	n 0	ctober 1, 2003	as Uni	ted States An	plication Nu	ımber or PO	T International
` 	<u> </u>		1				
Application Number 10/677	,560	and was amended	on (MM/E	(איצאאסכ		,	(if applicable).
I hereby state that I have reviewed amended by any amendment spec	d and under	rstand the contents o	of the abo	ve identified	specification	, including	the claims, as
	•						
I acknowledge the duty to disclo continuation-in-part applications,							
and the national or PCT internatio	nal filing da	te of the continuation	n-in-part a	application.			
I hereby claim foreign priority be inventor's or plant breeder's rights							
country other than the United Stat application for patent, inventor's o	es of Amer	ica, listed below and	d have als	o identified b	elow, by ch	ecking the I	box, any foreign
before that of the application on w			ie(s), or a	iny FCT inter	nauonai app	nication nav	nng a ming date
Prior Foreign Application Number(s)	Country	Foreign Filing (MM/DD/YYY		Prio Not Cla		Certified C	opy Attached? No
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Additional foreign application	numbers a	re listed on a supple	mental pri	ority data she	et PTO/SB	/02B attach	ed hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Custome	er Number:				OR		Corresp	ondence address below
Name Robert Moll					-				
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City Los Altos				State	CA				ZIP 94024
Country US		Telephone	650-567	7-9153	3	Fax (650-56	67-9183	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST IN	VENTOR:		ПАп	etition l	has be	en filed	l for thi	s unsian	ed inventor
Given Name (first and middle [if any]) Michael Lee A petition has been filed for this unsigned inventor Family Name or Surname Workman						*			
Inventor's Signature Virginia	274	lover	ua	<u> </u>	•				Date 02/23/04
Residence: City	State			Coun	•			Citizen	•
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Mailing Address 14918 Three Oaks C	ourt								
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NAME OF SECOND INVENTO	R:							n filed fo	or this unsigned inventor
Given Name (first and middle [if any]) Mari	k Andy					mily Na Surnar		D'Apice	
Inventor's Signature	a. Da	pie						[Date 2/23/04
Residence City	State C			Coun	try			Citizen	ship
Livermore	CA			US	3			US	
Mailing Address 929 Old Oak Rd.									
City	State			T	ZIP			Country	у .
Livermore	CA				9455	50		US	
Additional inventors or a legal re	presentative are bei	ing named on th	ne 1_s	uppleme	ntal she	et(s) PTC)/SB/02A	or 02LR at	ttached hereto.

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ADDITIONAL INVENTOR(S) Supplemental Sheet	Page 1 of 1
	Page —— of ——

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor				entor			
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Mailing Address							
City Livermore	State	CA		Zip 94550	Country	us	
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Given Name (first and middle (if any)	١			Family Name or	Sumame		
Wayne Eugene		Miller					
Inventor's Signature		Date	2	3- Fer.	3-64	+	
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Mailing Address					·		
City Livermore	State	: CA		Zip 94550	Country	US	
Name of Additional Joint Inventor, if any:		A per	tition l	nas been filed for this	unsigned inv	rentor	
Given Name (first and middle (if any)				Family Name or	Sumame		
Paul Thomas		Peterser	1				
Inventor's Signature Pand Pr		Date 2	12	3/04			
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Application Number	10/677,560
Filing Date	October 1, 2003
First Named Inventor	Michael Lee Workman
Title	Systems and Methods of Multiple Acc
Art Unit	2186
Examiner Name	Unknown
Attorney Docket Number	Pillar 716

I hereby appoint:				 7		
Practitioners associated with the Customer Number:						
OR ·						
✓ Practitioner(s) named below:						
	Name Registration Number					
Robert Moll			33,74	1		
as my/our attorney(s) or agent(Trademark Office connected th	 s) to prosecute the application identified erewith. 	above, and to tra	ansact all business	in the United States Patent and		
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The address associated	ted with Customer Number:					
OR						
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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Name Michael Lee W	orkman					
Signature William Thank						
Date 2/23/04 Telephone 408-503-4000						
NOTE: Signatures of all the invento forms if more than one signature is	rs or assignees of record of the entire interest or required, see below*.	or their representat	ive(s) are required. Su	ıbmit multiple		
*Total of <u>5</u> forms are submitted.						

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Attorney Docket Number	Pillar 716

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		Name		Registration	n Number
	Robert Moll			33,7	741
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	our attorney(s) or agent(s) nark Office connected the	s) to prosecute the application identified erewith.	above, and to tran	sact all busines	s in the United States Patent and
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7	Firm or	Robert Moll			
	Individual Name				
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<u></u>	City	Los Altos	State	CA	Zip 94024
	Country	United States of America	1 5.5.5	<u>CA</u>] F 34024
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l <u>am</u> ti	ne:	, , , , , , , , , , , , , , , , , , , ,			
	Applicant/Inventor.				
		the entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB/	96)		
		SIGNATURE of Applican	t or Assignee of I	Record	
Name	Mask Andy D'A	pice		*******	
Signature Mails ander Dupke					
Date 2-23-04 Telephone 408-503-4000					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
$\overline{\mathbf{V}}$	*Total of <u>5</u>	forms are submitted.			

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	Application Number	10/677,560					
POWER OF ATTORNEY	Filing Date	October 1, 2003					
and CORRESPONDENCE ADDRESS	First Named Inventor	Michael Lee Workman					
	Title	Systems and Methods of Multiple Acc					
	Art Unit	2186					
INDICATION FORM	Examiner Name	Unknown					
	Attorney Docket Number	Pillar 716					

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Robert Moll		33,741				
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Country Telephone	United States of America	Fax	650-567-91	02		
I am the:	650-567-9153		000-001-91	.63		
Applicant/Inventor.						
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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Name Paul Thomas P	etersen					
Signature Shally						
Date 2/23/09 Telephone 408-503-4000						
NOTE: Signatures of all the inventor forms if more than one signature is r	rs or assignees of record of the entire interest or required, see below*.	or their representat	ive(s) are required.	Submit mult	tiple	
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Title Systems and Methods of Multiple Acc Art Unit 2186 Examiner Name Unknown	Filing Date	October 1, 2003				
Art Unit 2186 Examiner Name Unknown	First Named Inventor	Michael Lee Workman				
Examiner Name Unknown	Title	Systems and Methods of Multiple Ac				
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Attorney Docket Number Pillar 716	Examiner Name	Unknown				
	Attorney Docket Number	Pillar 716				

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Robert Moll			33,74	1		
as my/our attorney(s) or agent(Trademark Office connected th	 s) to prosecute the application identified aboerewith. 	ve, and to tra	nsact all business i	n the Un	ited States Patent and	
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Address	1173 St. Charles Court				·	
Address				T		
City	Los Altos	State	CA	Zip	94024	
Country Telephone	United States of America	Fax	650-567-9183	2		
I <u>am</u> the:	650-567-9153	, un	000-001-5100			
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
Statement under or e	SIGNATURE of Applicant or	Assignee of	Record			
Name Douglas John I						
Name Douglas John I	10					
Date \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
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Ro	bert Moll		33,741				
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<u> 7</u>	Firm or	Dehort Mall					
	Individual Name						
Addr	ddress 1173 St. Charles Court						
City		Los Altos	State	CA	Zip 94024		
Cour	ntry	United States of America		CA	- 34024		
	phone	650-567-9153	Fax	650-567-9183			
I am the:							
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71.							
SIGNATURE of Applicant or Assignee of Record							
Name	VVayrie Lugerie ivillier / / ///						
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Total of _ 5 forms are submitted.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record							
Name	Name Wayne Eugene Miller / ///// ////						
Signature	Whilewill						
Date		23-feb-04 Telephone 408-503-4000					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							
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